



# BACKFLOW PREVENTER INSPECTION AND FIELD TEST

**City of Duvall**  
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|  |  |  |  |  |   |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|---|--|--|---|--|---|-------------------------|------------------|---------------------|--------------------|------------------------|-------|--|--|--|--|--------------------------------------|-----------------|-------------------------|-------------|-------|--------------------|-------|--|--|--|---|--|--|--|--|--|--|--|--|--|-------------------|----------------------|--|---------------------|--|------------------------|--|--|--|--|---|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|-------------------------|------------------|-------------------|--------------------|-------|-------|-------|-------|-------|----------------------|----------------------------------|-----------------|-------------------------|--|-------|-------|-------|-------|--|--|--|--|--|--|--|--|--|--|--|
| <b>ASSEMBLY MANUFACTURER</b> _____   |  | <b>MODEL</b> _____   |  | <b>SERIAL NUMBER</b> _____   |   | <b>SIZE</b> _____  |  | <input type="checkbox"/> Commercial<br><input type="checkbox"/> Residential |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> New <input type="checkbox"/> Existing<br><input type="checkbox"/> Replacement - Old Serial No.: _____   |  | <input type="checkbox"/> Removed from Service  |  | <input type="checkbox"/> Premise   |   | <input type="checkbox"/> In-Premise                      |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| <b>For New Installations:</b><br>City of Duvall Permit No.: _____ City of Duvall Inspector: _____  |  |  |  |  |   |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| Facility Name: _____   |  |  | Contact Person: _____  |  |   | Phone : _____  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| Facility Address: _____  |  |  | Email:: _____  |  |   |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| Preventer Physical Location: _____   |  |  |  |  | Hazard Type / Downstream Process: _____   |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> PVBA <input type="checkbox"/> AG <input type="checkbox"/> OTHER _____   |  |  |  |  | Water Service Restored: <input type="checkbox"/> Yes <input type="checkbox"/> No Line Pressure: _____ psi |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| <b>Record Detector Meter Reading – When Applicable USC Approved</b>  |  |  |  |  |   |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Gal <input type="checkbox"/> CuFt   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
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|  | <input type="checkbox"/> Passed<br><input type="checkbox"/> Failed   | <b>Check Valve 1</b><br><input type="checkbox"/> Leaked _____ psid<br><b>Check Valve 2</b><br><input type="checkbox"/> Leaked _____ psid   | <b>Relief Valve</b><br>Opened _____ psid <input type="checkbox"/> Not Open<br><b>Check Valve 2</b><br><input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked<br><b>Check Valve 1</b> _____ psid<br><b>Approved Air Gap</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>Air Inlet Valve</b><br>Opened _____ psid <input type="checkbox"/> Not Open<br>Opened Fully <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Check Valve</b> _____ psid<br><input type="checkbox"/> Leaked |   |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| <b>Cleaning, Repairs &amp; Parts</b>   | <b>DCVA</b>  |  | <b>RPBA</b>  |  | <b>PVBA / SVBA</b>  |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
|  | <input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired<br><input type="checkbox"/> Disc <input type="checkbox"/> O-Ring(s)<br><input type="checkbox"/> Spring <input type="checkbox"/> Module<br><input type="checkbox"/> Guide <input type="checkbox"/> Rubber Kit<br><input type="checkbox"/> Seat | <input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired<br><input type="checkbox"/> Disc <input type="checkbox"/> O-Ring(s)<br><input type="checkbox"/> Spring <input type="checkbox"/> Module<br><input type="checkbox"/> Diaphragm <input type="checkbox"/> Rubber Kit/Guide<br><input type="checkbox"/> Seat | <input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired<br><input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Float<br><input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Diaphragm<br><input type="checkbox"/> Check Disc <input type="checkbox"/> Rubber Kit<br><input type="checkbox"/> Check Spring |  |   |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width:15%;"><b>Final Test</b></td> <td colspan="2" style="width:25%;"><b>Check Valve 1</b></td> <td colspan="2" style="width:25%;"><b>Relief Valve</b></td> <td colspan="2" style="width:25%;"><b>Air Inlet Valve</b></td> </tr> <tr> <td> <input type="checkbox"/> Passed<br/> <input type="checkbox"/> Failed       </td> <td> <input type="checkbox"/> Leaked _____ psid<br/> <b>Check Valve 2</b><br/> <input type="checkbox"/> Leaked _____ psid       </td> <td>         Opened _____ psid<br/> <b>Check Valve 2</b> <input type="checkbox"/> Closed Tight<br/> <b>Check Valve 1</b> _____ psid       </td> <td>         Opened _____ psid<br/>         Opened Fully <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <b>Check Valve</b> _____ psid       </td> </tr> </table>  |  |  |  |  |   |  |  |   |  | <b>Final Test</b>                                 | <b>Check Valve 1</b>    |                  | <b>Relief Valve</b> |                    | <b>Air Inlet Valve</b> |       | <input type="checkbox"/> Passed<br><input type="checkbox"/> Failed | <input type="checkbox"/> Leaked _____ psid<br><b>Check Valve 2</b><br><input type="checkbox"/> Leaked _____ psid                         | Opened _____ psid<br><b>Check Valve 2</b> <input type="checkbox"/> Closed Tight<br><b>Check Valve 1</b> _____ psid   | Opened _____ psid<br>Opened Fully <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Check Valve</b> _____ psid  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| <b>Final Test</b>  | <b>Check Valve 1</b>   |  | <b>Relief Valve</b>  |  | <b>Air Inlet Valve</b>  |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
|  | <input type="checkbox"/> Passed<br><input type="checkbox"/> Failed   | <input type="checkbox"/> Leaked _____ psid<br><b>Check Valve 2</b><br><input type="checkbox"/> Leaked _____ psid   | Opened _____ psid<br><b>Check Valve 2</b> <input type="checkbox"/> Closed Tight<br><b>Check Valve 1</b> _____ psid   | Opened _____ psid<br>Opened Fully <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Check Valve</b> _____ psid  |   |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| <b>Air Gap Inspection</b> <input type="checkbox"/> Passed <input type="checkbox"/> Failed <b>Supply Pipe Diameter</b> _____ <b>Air Gap Separation</b> _____  |  |  |  |  |   |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| <b>Remarks *</b><br>_____<br>_____<br>_____  |  |  |  |  |   |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| <b>By this signature I certify:</b> <ol style="list-style-type: none"> <li>1. I personally inspected and field-tested the backflow assembly using field test procedures meeting WAC 246-290-490 and test equipment meeting WAC 246-292-031; or I personally inspected the air gap or AVB.</li> <li>2. The information in this report is true, complete, and accurate.</li> </ol>   |  |  |  |  |   |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><b>Initial Test By</b><br/>(Print BAT Tester Name)</td> <td style="width:25%;"><b>BAT Company Name</b></td> <td style="width:25%;"><b>BAT Phone</b></td> <td style="width:25%;"><b>BAT CERT #</b></td> <td style="width:25%;"><b>Date Tested</b></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><b>BAT Signature</b></td> <td><b>Test Kit Make &amp; Model</b></td> <td><b>Serial #</b></td> <td colspan="2"><b>VER / Cal Date**</b></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td colspan="2">_____</td> </tr> </table>   |  |  |  |  |   |  |  |   |  | <b>Initial Test By</b><br>(Print BAT Tester Name) | <b>BAT Company Name</b> | <b>BAT Phone</b> | <b>BAT CERT #</b>   | <b>Date Tested</b> | _____                  | _____ | _____  | _____  | _____  | <b>BAT Signature</b>   | <b>Test Kit Make &amp; Model</b>     | <b>Serial #</b> | <b>VER / Cal Date**</b> |             | _____ | _____              | _____ | _____  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| <b>Initial Test By</b><br>(Print BAT Tester Name)  | <b>BAT Company Name</b>  | <b>BAT Phone</b>   | <b>BAT CERT #</b>  | <b>Date Tested</b>   |   |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| _____  | _____  | _____  | _____  | _____  |   |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| <b>BAT Signature</b>   | <b>Test Kit Make &amp; Model</b>   | <b>Serial #</b>  | <b>VER / Cal Date**</b>  |  |   |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| _____  | _____  | _____  | _____  |  |   |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |
| <p><i>*Note unapproved Backflow preventer, missing defective components, repairs made, or conditions that may adversely affect assembly.</i></p> <p><i>**The date of the most recent field test kit verification of accuracy or calibration, whichever is most recent.</i></p>   |  |  |  |  |   |  |  |   |  |   |                         |                  |                     |                    |                        |       |  |  |  |  |                                      |                 |                         |             |       |                    |       |  |  |  |   |  |  |  |  |  |  |  |  |  |                   |                      |  |                     |  |                        |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |                         |                  |                   |                    |       |       |       |       |       |                      |                                  |                 |                         |  |       |       |       |       |  |  |  |  |  |  |  |  |  |  |  |